

Code Event Hot Debriefing

To enter electronically, scan QR code. No need to complete sheet if use QR code.



| | |
|--------------------|-----------------------------|
| Patient MRN: | _____ |
| Event Date/Time: | ____/____/____ : ____ AM PM |
| Debrief Date/Time: | ____/____/____ : ____ AM PM |
| Debriefing Leader: | _____ |

Before Debriefing:

- If possible, ensure that you are in a quiet place. Assign a team member who is not leading the debriefing to fill out this form.
- Determine who to invite. Be sure to include nursing, RTs, NPs, physicians, and any other involved clinicians. Ensure bedside staff availability
- Limit the debriefing to **no more than 10 minutes** and try to perform debriefing **within 4 hours** of the event.

Were the following team members invited? Please check off who attended the debrief and if more than one mark as x2, x3, etc.

- | | |
|--|---|
| <input type="checkbox"/> Attending(s) _____ | <input type="checkbox"/> Nurse(s) _____ |
| <input type="checkbox"/> Fellow(s) _____ | <input type="checkbox"/> Respiratory therapist(s) _____ |
| <input type="checkbox"/> Resident(s) _____ | <input type="checkbox"/> Pharmacist(s) _____ |
| <input type="checkbox"/> Hospitalist(s) _____ | <input type="checkbox"/> Social worker(s) _____ |
| <input type="checkbox"/> Nurse practitioner(s) _____ | <input type="checkbox"/> Other _____ |

Ground Rules for Debriefing:

1. "We believe everyone here attempts to do their best every single day."
2. "The purpose of this debriefing is to improve the quality of care provided to patients; it is a nonjudgmental place to discuss our performance. We will review a summary of the event then discuss what went well and what could be improved in the future."
3. "We encourage everyone to share openly during this debriefing but not to share what we discuss outside of this group. Discussion highlights only will be shared with our unit leaders to improve patient care."

Was this patient recognized to be at high risk for cardiac arrest in the past 24 hours? Yes or No

Examples of recognition include 'hotspot' designation or discussions of the patient being high risk during rounds, pre-procedural timeout, bedside huddle, etc.

What went well and what could have been improved during our care for this patient? Please check one and add comments as necessary.

| | Went well | Needs Improvement | Comments |
|---|-----------|-------------------|----------|
| Clear roles/responsibilities (event leader, CPR coach, documenter, outside room leaders, etc) | | | |
| Closed loop and clearly heard communication | | | |
| Shared mental model, everyone aware of the reason for the code | | | |
| Equipment & Medications | | | |
| Other | | | |

After Debriefing:

1. Thank participants for their participation.
2. Be sure participants know there are resources to debrief further by reaching out to their supervisor or the Employee Assistance Program.
3. Return debriefing form to office across from 7S-22.

| |
|---|
| Did this debriefing take less than 10 minutes? Y N |
| Duration of debrief _____ minutes |
| Did this debriefing take place within 4 hours of the event? Y N |
| What made it difficult to perform this debriefing? _____ |
| _____ |